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ABSTRACT

An evaluation is presented of a clinical supervision training course, focusing on the extent to which interaction occurs between teachers and supervisors for the improvement of instruction. Clinical supervision is presented in the course as a repeating cycle of phases: preconference, lesson observation, analysis of the lesson observation, postconference, and the recycle of phases 1-4 for improvement. Definitional techniques of clinical supervision presented in the sessions include: (1) identifying the teacher's concerns about instruction; (2) translating teacher concerns into observable behaviors; (3) identifying procedures for improving the teacher's instruction; (4) assisting the teacher in setting self-improvement goals; (5) providing feedback using objective observational data; (6) eliciting teacher's inferences, opinions, and feelings; and (7) encouraging the teacher to consider alternative lesson objectives and methods. A description is given of the research design and methodology used to evaluate the effectiveness of the training program, as well as an analysis of the types of impact the clinical supervision course had on 20 novice supervisors as they interacted with their clients during actual school-site and field-based teaching experiences. (JD)

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An Analysis of A Staff Development Program in Clinical Supervision and the Realities of the K-12 Instructional Setting: Evaluating its Impact for Special Groups and the Usefulness in the Supervisory Process

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An Analysis of A Staff Development Program in Clinical Supervision and the Realities of the K-12 Instructional Setting: Evaluating its Impact for Special Groups and the Usefulness in the Supervisory Process

Kenneth F. Jerich

Introduction

Various approaches for training supervisors exist (e.g., instructional supervision, bureaucratic supervision) which vary in depth and curricular emphasis from institution to institution. Equally, there is concern about the types of impact that clinical supervision has on the training of supervisors (Acheson & Gall, 1987; Anderson, 1982; Glickman, 1985; Goldhammer, Anderson, and Krajewski, 1980; Garman, Glickman, Hunter, and Haggerson, 1987; Sergiovanni, 1985). All too often, clinical supervision is glossed over as it is portrayed to influence the level of effectiveness for school practice. Hence, there is a continuing concern in education about (a) the levels of supervisory ability of educators and the need for effective training programs in clinical supervision, (b) the extent to which clinical supervision might influence K-12 school practices and (c) the extent to which supervisors in this setting successfully implement effective clinical supervision practices as they interact with their clients (Garman, 1990; Holland, 1989; Hoy and Forsyth, 1987; Smyth, 1988; Garman and Hazi, 1988; Street and Licata, 1989).

In the summer of 1989, one approach for the training of supervisors on the campus of Illinois State University (from the Department of Curriculum and Instruction) witnessed a major reformulation of its curriculum and the use of simulated examples of a clinical supervision cycle as model protocols (i.e., pre-conference supervisory strategies, various teaching models observational strategies, data collection and analyses strategies, post-conference supervisory strategies, videotaped pre-conferences, classroom observations and post-conferences). Among the missions of the training course was the idea that to facilitate classroom instruction for problem-solving appropriate supervisory strategies would be learned and infused in the planning for and execution of pre-conferences, lesson observations/analyses and post-conferences. By introducing the prospective supervisors to these types of supervision strategies, with the subsequent goal of

implementing them into their own style of supervision, perhaps their behaviors would be representative of a conceptually-based clinical supervision training approach that focused upon the improvement of instruction through the use of planning, observation, analysis and feedback phases in the interest of rational modification.

The redesigned course curriculum built in elements stressing that the development of understandings of clinical supervision, content teaching and learner thinking should be viewed as equal partners. Reciprocity between the supervisor and client was viewed as being essential if this approach for clinical supervision was to be effective. Thus, the implementation of such an approach was evaluated to measure its contextual effect on the professional development of educators who wanted to be trained as a supervisor of instruction (see Appendix A for the conceptual framework for the course).

Rationale

The rationale of the training course in supervision centers around the theoretical underpinnings of clinical supervision and its applications for practice in instructional settings. This is based, in part, from the idea that clinical supervision is derived from other definitions of supervision. Characteristics of clinical supervision include areas such as collegiality, equal control of agenda between teacher and supervisor, objective data base as compared to opinion or impressions and strategies for the improvement of instruction when data are interpreted in terms of theory or wisdom of profession. More specifically, the repeating phases of clinical supervision (pre-conferencing, data collection of teaching, analysis of data from lesson, post-conferencing, and reflection upon and debriefing of phases 1-4) serve as the foci as to the extent to which interaction occurs with teachers and supervisors for the improvement of instruction.

The Course Curriculum

The curriculum of the supervision course begins with the premise that by investigating various theories of supervision (e.g., administration-based supervision, bureaucratic supervision, professional supervision, instructional supervision, general supervision) then one can begin to

investigate a definition toward clinical supervision as it is related to the improvement of instruction. For example, bureaucratic supervision incorporates a line-staff chain of command perspective which is expressed as directives, memoranda and orders. Professional supervision incorporates a collegial relationship among professionals where teachers work together in an open fashion. Instructional supervision incorporates a work setting with teachers for improving instruction and curriculum. General supervision involves human organization and is not associated with instruction. Clinical Supervision embodies professional supervision and instructional supervision, and is seen as being developmentally based.

Clinical supervision is *not* seen as using "Laundry List" supervisory techniques in which the supervisor points to all (or either/or) good and bad acts that occurred in chronological order during a supervisee's lesson because (a) the focus of supervision becomes undifferentiated, (b) the frame of reference is exclusively the supervisor's, and (c) negative reinforcement dominates the interactions of the conference. By using the "Laundry List" technique, outcomes include the idea that the supervisee may (a) be overwhelmed by the number of suggestions, (b) feel s/he can never improve to the degree implied by the criticism, (c) feel the conference give s/he no grounds for improving and was thus a waste of time and effort, and (d) be confirmed is her/his opinions that indeed s/he taught extremely well or that indeed s/he was a failure.

Several class sessions of the training course are devoted to taking a comparative look at clinical supervision as being professional supervision as opposed to bureaucratic supervision. For example, *bureaucratic* supervision has for its purpose a quality control perspective and its frequency is once a year occurring in late spring. The control of the agenda is exclusively with the administrator. It is criteria imposed, e.g., Hunter Model, and articles of supervision considered are administratively based on external values and uses the laundry list approach for evaluation and improvement. In contrast, *clinical* supervision is collegial, i.e., the teacher and supervisor work together to establish goals, consider alternatives, evaluation style and the consideration of suggestions. It is data based as compared to opinion or impressions and is theory

oriented, i.e., optional strategies for improvement are grounded in reasoned theory. Data are interpreted in terms of theory or the wisdom of the profession. Clinical supervision is cyclical and the teacher controls the ownership of problems with open communication.

Clinical supervision is presented in the training course as a repeating cycle of phases based on the work of Goldhammer (1969), among others, and its phases are thoroughly covered in the training course. *Phase One* is the pre-conference. *Phase Two* is the lesson observation. *Phase Three* is the analysis of the lesson observation. *Phase Four* is the post-conference. *Phase Five* is the evaluative recycle of Phases 1-4 for improvement. Definitional techniques of clinical supervision presented in class sessions include, but are not limited to, (a) identifying the teacher's concerns about instruction, (b) translating the teacher's concerns into observable behaviors, (c) identifying procedures for improving the teacher's instruction, (d) assisting the teacher in setting self-improvement goals, (e) providing the teacher with feedback using objective observational data, (f) eliciting the teacher's inferences, opinions and feelings, and (g) encouraging the teacher to consider alternative lesson objectives and methods.

Several topics are covered in the training course such as (a) strategies for collecting quantitative and qualitative classroom data, for example, through the use of techniques of selective verbatim and salient pattern analysis, (b) types of anxiety levels that may occur during the supervisory process as part of a larger picture for considering the developments needs of adults, who are the clients that we work with, (c) the principles of self concept in relationship to the level of aspirations adults have and their need for achievement, and (d) tenets of developmentally-based supervision as being considered an integral component in clinical supervision. Communication skills are part of the training course in supervision emphasizing the concept of SOLER (Squarely face the other person; Open posture; Lean forward [attentiveness]; Eye contact [direct contact]; Relaxed [professional demeanor]).

Repeatedly throughout the training course, many video-taped model examples and non-examples and demonstrations of clinical supervision are used to illustrate the knowledge, skills,

and abilities used by individuals in clinical supervision. Through this technology, graduate students are given ample opportunities to review and analyze key purposes of pre-conferencing, lesson observation and analysis and post conferencing. For example, they are asked to identify to extent to which they witness the purposes of pre-conferences unfolding such as the identification of (a) teacher and/or supervisor concerns, (b) possible solutions, (c) observation techniques (what data is acceptable and what data would be accepted as indicating ...), and (d) an agreement on arrangements for the lesson observation. Furthermore, they look for the extent to which the concerns expressed are identified and translated into observable behaviors and how effective are supervisory procedures to encourage teachers to improve their instruction. Moreover, they look for the selection of appropriate instructional goals and the extent to which a supervisor learns the classroom context for the upcoming lesson. In post-conferences, graduate students are asked to identify and analyze the extent to which the supervisor is able to (a) create a chronological inventory of events, (b) focus on student behavior, (c) use a nondirective supervisory stance, (d) react appropriately when colleagues disagree, (e) conduct an open conference, (f) make order out of unrelated events, and (g) relate supervisory ploys to overall strategy for the post-conference.

Ample time is spent on studying the theoretical underpinnings of the different supervisory behavioral styles and their impact on the teacher/supervisory relationship by investigating (a) the work of Blumberg's (1980) dimensions of leadership and behavioral styles of supervisors, (b) Glickman's (1985) supervisory behavioral continuum and various supervisory modes (e.g., non-directive, collaborative and directive) and (c) studying many research studies which focus on how clinical supervision is effectively used for the improvement of instructional practices in schools. Graduate students in the training course are asked to view the conduct of a videotaped pre-conference, lesson observation and analysis, and post-conference and complete an analytical critique in the form of what is known as a "problem set."[1] Problem sets I and II represent the

[1] This strategy is based on the pioneer work of William D. Johnson in clinical supervision associated with the Teaching Techniques Laboratory at the University of Illinois at Urbana-Champaign.

level of knowledge referred to as *interpretative* knowledge and consist of the following:

Problem Set I Critique - The Lesson Observation

Compare and contrast quantitative and qualitative approaches to gathering data relevant to the improvement of instruction for the lesson "xx". Specifically prepare a Quantitative Analysis (using a system of your choice) and contrast that analysis with a Qualitative Analysis (using your own Verbatim Techniques). Your position(s) should be supported with credible evidence and the analysis paper should reflect substantive intellectual rigor at the analysis, synthesis, and evaluative levels of cognition, not merely reflect a basic description or content outline of the task assigned.

Problem Set II Critique - The Pre and Post Conferences

Your critical analysis of the pre- and post-conferences associated with the lesson "xx" you analyzed in Problem Set I should address the following question. To what extent were the pre- and post-conferences representative of effective clinical-based professional supervision, (i.e., how effective was the supervisor in working within the framework of the clinical supervision cycle and strategies; working with the teacher's framework of needs; and so forth)? Your position should be supported with credible evidence using various representative (quantitative and/or qualitative based) supervision analysis systems and the analysis paper should reflect substantive intellectual rigor at the analysis, synthesis, and evaluative levels of cognition, not merely reflect a basic description or content outline of the task assigned.

The final segment of the training course culminates in the students being asked to conduct a 30 minute pre-conference, observe a lesson, analyze the lesson, and conduct a 30 minute post-conference, all of which must be videotaped. This problem set equates to the conduct of a final performance test for the course. Problem set III represents the level of knowledge referred to as *applicative* knowledge and consist of the following:

Problem Set III - The Conduct of Clinical Supervision Cycle

The engagement of the conduct of a 30' pre-conference, lesson observation and analysis and 30' post-conference, all of which will be videotaped. The conduct of the pre- and post-conferences should not exceed 30 minutes in length and should be videotaped. The conduct of the pre- and post-conferences should reflect your ability to incorporate your knowledge of topics areas covered in class lectures and discussions, assigned readings, etcetera, and be able to convey that knowledge with the supervisee who you work with in the supervisory cycle.

Research Design and Methodology

Sample and Research Methodology

The sample consisted of 20 prospective supervisors (teachers who completed a training course in clinical supervision during the 1989 and 1990 summer sessions at Illinois State

University). They represented various academic teaching disciplines, e.g., special education, counseling, elementary education, middle school education and secondary education. The subjects that the prospective supervisors worked with were either experienced school teachers or pre-service teachers who were completing microteaching lessons and/or classroom lessons at University High School, Normal, as part of a general methods course. The time series design was used to measure the effect of the training course had on the prospective supervisors ability to use clinical supervision strategies during the conduct of the pre-conference, lesson observation/ analysis and post-conference of their clients (Campbell and Stanley, 1963). The sample size for the study precluded any differential selection effect for the group which would result in potential bias since it represented the total number of teachers enrolled in the course.

The analysis of the types of impact that the conduct of this type of performance setting in clinical supervision (as part of the training course) had on them, as they interacted with their clients during actual school site and field-based teaching experiences, was conducted through the use of measures of central tendency, t-tests, correlation coefficient significance test and step-wise multiple regression significance tests. For this study, the criterion variable of interest was that of impact, that is, the strengths and weaknesses of the graduate students' conduct of pre-conferences, lesson analysis, and post-conferences. Each of the 20 prospective supervisors' videotaped pre-conferences and post-conferences were rated independently by two expert evaluators (who have formal training in clinical supervision and serve as clinical supervisors in their respective teacher education institutions). Also, it was determined by the principal research investigator that there was an interrater level of agreement of .945 between the two expert evaluators. Moreover, the level of agreement between the principal research investigator (who taught the training course) and the two expert supervisors was determined to be at the interrater level of agreement of .937. The 20 sets of pre-conference' and post-conference' ratings was measured by a specially developed rating instrument described in the next paragraph.

The rating instrument used in the study was the Supervisor Performance Appraisal Scale [SPAS] (see Appendix B). The instrument consisted of 13 structured items and two opened items and was determined to have an internal consistency reliability coefficient of .9558 using Cronbach's Alpha. For the analysis of this study, the SPAS rating items will be considered. For convenience, the SPAS rating items were logically grouped to simplify the presentation of their analyses. The following research concerns represented the focus of the research study, i.e., the extent to which a conceptually-based clinical supervision training course contributed to the professional development of educators from various K-12 curricula who want to be supervisors of instruction.

- To what extent is the supervisor's performance (ability) during the phases of the supervisory cycle representative of a conceptual-based clinical supervision model?
- To what extent is the supervisor's performance (ability) during the pre-conference phase of the supervisory cycle representative of a conceptual-based clinical supervision model?
- To what extent is the supervisor's performance (ability) during the post-conference phase of the supervisory cycle representative of a conceptual-based clinical supervision model?
- To what extent do the pre- and post-conferences reflect a clinical-based supervisory model for the improvement of instruction?
- To what extent is there a relationship between the different supervisory elements used in pre- and post conferences?
- To what extent are there supervisory elements in pre- and post-conferences that might predict potential success of an effective clinical-based supervisor?

Principal Findings

Research Question One

To measure the extent to which the prospective supervisor's overall performance during the phases of the supervisory cycle was representative of the types of supervision strategies used in a conceptual-based clinical supervision approach, the review of their videotaped pre-conferences and post-conferences were evaluated using SPAS.

SPAS Evaluation Instrument. Thirteen structured items comprised the rating instrument that was used to rate the student's performance as a supervisor. Items 1 through 6 represent the pre-conference component of the supervision cycle. Items 7 through 12 represent the post-

conference component of the supervision cycle. Item 13 pertains to the overall conduct of the supervision cycle. Table One represents the extent to which the prospective supervisors, during the supervision cycle, were rated as effectively doing such things as creating an open atmosphere, specifying clients' concerns, translating the concerns into behaviors and assisting a client foster a self-analysis mode for her or himself. Based on this data, it seems that the prospective supervisors were able to apply the knowledge, abilities and skills they learned in the training course and apply them effectively during the conduct of the pre- and post-conferences (based on a 7 point scale; 1 is the lowest score and 7 in the highest score).

Table One

Descriptive Analysis Summary Table

Variable	Mean	Standard Deviation
V3 Created Open Atmosphere In Preconference	5.35	1.3485
V4 Clearly Specifies Client's Concerns	5.70	1.3416
V5 Clearly Translated Concerns To Behaviors	5.50	1.4327
V6 Assisted Client to Select Strategies	4.90	1.6190
V7 Established Time Line for Defining Goals	5.90	0.9119
V8 Preconference was Conceptual Based Supervision	5.65	1.1821
V9 Supervisor Fully Prepared to Conduct Postconference	6.20	1.1517
V10 Observational Data Presented Objectively	5.40	1.3917
V11 Client Self-Analysis Fostered by Supervisor	5.95	1.1910
V12 Helped Client Relate Findings from Post and Pre	5.95	1.0990
V13 Supervisor Promoted Professional Growth	6.05	0.8870
V14 Postconference was Conceptual Based Supervision	5.95	1.0990
V15 Supervisor's Performance as Clinical Supervisor	5.90	1.1653

Research Question Two

To measure the extent to which the prospective supervisor's style displayed in the pre- and post-conferences was representative of a conceptual knowledge base for a clinical supervision approach, the testing of the research question in its null hypothesis was conducted, i.e., there would be no difference in the SPAS ratings of the *style* of supervision displayed by the

prospective supervisor in the pre- and post-conference. Data in Table Two suggest that it is appropriate to accept the null hypothesis using an alpha level of .05.

Table Two

T-Test Analysis of Pre- and Post-conference Supervisory Style Displayed Summary Table

PRECONFERENCE WAS CONCEPTUAL BASED SUPERVISION		POSTCONFERENCE WAS CONCEPTUAL BASED SUPERVISION	
Mean	= 5.6500	Mean	= 5.9500
Variance	= 1.3974	Variance	= 1.2079
Standard deviation	= 1.1821	Standard deviation	= 1.0990
Standard error of the mean	= 0.2643	Standard error of the mean	= 0.2458

T-Test statistics

Difference (Mean X - Mean Y)	=-0.3000
Standard error of the difference	= 0.1469
t - statistic	= 2.0422
Degrees of freedom	= 19
Probability of t (One tailed test)	= 0.0276
Probability of t (Two tailed test)	= 0.0553

Research Question Three

To measure the extent to which the prospective supervisor's mode of clinical supervisory strategies in the pre- and post-conference were effectively used, the testing of the research question in its null hypothesis was conducted, i.e., there would be no difference in the ratings of the *combined* SPAS items for the pre- and post-conferences. Data in Table Three suggest that it is appropriate to reject the null hypothesis using an alpha level of .01. A significant difference was found between the mean rating for the pre-conference as contrasted with the mean rating for the post-conference, the latter being significantly higher than that of the former. This finding lead to the investigation of the level of association between the specific supervisory elements.

Research Question Four

A correlation coefficient significance test was conducted to measure the extent to which there was there a relationship between the different supervisory elements used in pre- and post-

conferences. Data in Table Four suggest that many of the supervisory elements in the pre- and post-conferences were associated with each other to a very high degree. Overall, the lowest

Table Three

T-Test Analysis of Pre- and Post-conference Supervisory SPAS Combined Items Summary Table

PRECONFERENCE ITEMS 1 THROUGH 5		POSTCONFERENCE ITEMS 7 THROUGH 11	
Mean	= 27.3500	Mean	= 29.5500
Variance	= 29.5026	Variance	= 21.3132
Standard deviation	= 5.4316	Standard deviation	= 4.6166
Standard error of the mean	= 1.2145	Standard error of the mean	= 1.0323

T-Test statistics

Difference (Mean X - Mean Y)	=-2.2000
Standard error of the difference	= 0.6751
t - statistic	= 3.2587
Degrees of freedom	= 19
Probability of t (One tailed test)	= 0.0021
Probability of t (Two tailed test)	= 0.0041

degree of association between two elements was at the .30 with the highest degree of association between two elements being .98. The *five* highest correlations between the supervisory elements that emerged were as follows: *First*, there was a correlation of .9822 between the supervisors' performance as being representative of clinical supervision and the supervisors' abilities during the conduct of the post-conferences. *Second*, there was a correlation of .8903 between the supervisors' performance as being representative of clinical supervision and the supervisors' abilities during the conduct of the pre-conferences. *Third*, there was a correlation of .8685 between the supervisors' performance as being representative of clinical supervision and the supervisors' abilities to foster client self-analysis during the supervisory process. *Fourth*, there was a correlation of .8393 between the supervisors' performance as being representative of clinical supervision and the supervisors' abilities to fully prepared themselves for the conduct of the post-conferences. *Fifth*, there was a correlation of .7938 between the supervisors' performance as

being representative of clinical supervision and the supervisors' abilities to create an open atmosphere between the client and the supervisor during the pre-conference sessions. Since there

Table Four

Correlation Matrix of the Supervisory Elements Summary Table

		V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	V13	V14	V15
V4	r	0.4975												
V5	r	0.5040	0.7119											
V6	r	0.4267	0.7124	0.6580										
V7	r	0.7148	0.5765	0.4834	0.4920									
V8	r	0.7082	0.7931	0.7925	0.7508	0.6494								
V9	r	0.7659	0.5518	0.6699	0.4912	0.7217	0.7500							
V10	r	0.5665	0.5750	0.6863	0.3691	0.4894	0.7294	0.6042						
V11	r	0.6014	0.6489	0.6940	0.5432	0.4313	0.6972	0.7751	0.6795					
V12	r	0.5451	0.7389	0.4178	0.4703	0.5724	0.5935	0.6736	0.5299	.6816				
V13	r	0.3366	0.4555	0.2692	0.5168	0.4620	0.4693	0.5049	0.1535	.3014	.5966			
V14	r	0.7582	0.7032	0.6518	0.5591	0.5724	0.8366	0.8400	0.7020	.8826	.7821	.5426		
V15	r	0.7938	0.7541	0.7251	0.6082	0.6340	0.8903	0.8393	0.7399	.8685	.7356	.5143	.9822	

FIVE HIGHEST CORRELATIONS

V15 / V14	.9822
V15 / V8	.8903
V15 / V11	.8685
V15 / V9	.8393
V15 / V3	.7938

were many positive associations between the supervisory items, a more in-depth analysis of the association of the supervisory elements was conducted.

Research Question Five

Several step-wise regression significance tests were conducted to measure the extent to which one might be able to predict the overall effectiveness level of clinical supervision model for supervisors based on how well they can incorporate certain clinical-based supervisory strategies in the conduct of pre- and post-conferences. Of all of the independent variables (V3-V14) in the *first* regression line, as displayed in Table Five, the extent to which the prospective supervisor's *style* displayed in pre- and post-conferences was representative of a conceptual knowledge base

for clinical supervision (Variables 8 and 14) was highly predictive (p=.001 and p=.002, respectively) of the prospective supervisors being seen as being representative of a conceptual based clinical supervision model (V15), the dependent variable for the regression line. This finding closely parallels the data in the correlation matrix (Table Four).

Table Five

Step-wise Regression to Predict Supervisor's Performance as a Clinical Supervisor Summary Table

Variable	Coefficient	Beta	F-ratio	Probability	Standard Error
V8	0.2253	0.2285	13.5784	0.0018	0.0611
V14	0.8387	0.7910	162.7137	0.0001	0.0658
Constant	-0.3630		1.5854	0.2250	0.2883

V14 POSTCONFERENCE WAS CONCEPTUAL BASED SUPERVISION
V8 PRECONFERENCE WAS CONCEPTUAL BASED SUPERVISION

Based on this finding, a *second* step-wise regression was conducted covering the supervisory elements in the pre-conference (see Table Six).

Table Six

Step-wise Regression to Predict Supervisor's Pre-conference Performance as a Clinical Supervisor Summary Table

Variable	Coefficient	Beta	F-ratio	Probability	Standard Error
V3	0.4808	0.5564	19.9575	0.0003	0.1076
V4	0.4146	0.4773	14.6907	0.0013	0.1082
Constant	0.9647		1.4115	0.2511	0.8120

V3 OPEN ATMOSPHERE IS PRECONFERENCE SESSION
V4 CLEARLY SPECIFY CLIENT'S CONCERNS IN PRE CONFERENCE

Two of five supervisory elements in the pre-conference were found to be highly predicted of the dependent variable in the equation (supervisor's overall performance level). *First*, the independent variable (V3), the ability of the supervisor to create an open atmosphere during the

pre-conference, was found to be highly predictive (p=.0003). *Second*, the independent variable (V4), the ability of the supervisor to clearly specify the client's concerns in the pre-conference, was also found to be highly predictive (p=.0013). A *final* step-wise regression was conducted covering the five supervisory elements in the post-conference (see Table Seven).

Table Seven

Step-wise Regression to Predict Supervisor's Post-conference Performance as a Clinical Supervisor

Summary Table

Variable	Coefficient	Beta	F-ratio	Probability	Standard Error
V9	0.5462	0.5541	30.4807	0.0001	0.0989
V11	0.4717	0.4821	23.0741	0.0002	0.0982
Constant	0.0071		0.0001	0.9911	0.6221

V9 SUPERVISOR FULLY PREPARED TO CONDUCT POSTCONFERENCE
V11 CLIENT SELF-ANALYSIS FOSTERED BY SUPERVISOR

Again, *two* supervisory elements were found to be highly predicted of the dependent variable in the equation (supervisor's overall performance level). *First*, the independent variable (V9), the ability of the supervisor to be fully prepared to conduct a post-conference, was found to be highly predictive (p=.0001). *Second*, the independent variable (V11), the ability of the supervisor to promote client self-analysis during the post-conference, was also found to be highly predictive (p=.0002).

Discussion

After analyzing the principal data, an apparent treatment effect emerged (Cook and Campbell (1979); MacMillian and Garrison (1984). In this setting, the effects of the training course seemed to be pronounced. This is not to say that the results, at this point, ought to be interpreted as being generalizable to other settings. However, what is interesting about the findings is that the ability to plan for and execute clinical-based supervisory protocols *emerged* during the pre- and post-conference performance setting. From the inspection of the correlations

for each of the supervisory behaviors associated with the overall ratings of success during the clinical supervision process, the most important indicators of success are (a) establishing a collegial atmosphere which is conducive to the formation and sustenance of a healthy working relationship between supervisor and teacher throughout the supervisory cycle, (b) assisting the teacher in clearly specifying her/his concerns in a conducive and reflective form before the classroom observation takes place, and (c) encouraging teacher self-analysis of objective observational data as well as assessment of her/his concerns and appropriate short and long-term strategies to address these concerns. Then, the issue becomes the extent to which these goals can be accomplished if and when the supervisor strikes a delicate balance in the narrow region between (a) the two extremes of no supervisory control and being overly prescriptive, (b) by taking charge without being assertive, and (c) being open and flexible without allowing the teacher to dominate the process.

A training course in clinical supervision is more than a "checklist" approach to be followed by supervisors in dealings with teachers. Even if all of the SPAS type elements are present in a conference, it still may not result in effective progress toward the ultimate goal of improved teacher effectiveness. For example, even the "best" developed rating instrument that measures a supervisor's ability to conduct clinical based conferences may not be well suited to accurately representing subtle environmental factors such as who is dominating the conversation or whether the conversation is directed toward the goal of teacher improvement or simply a meandering dialogue with no discernible purpose. Other factors in the evaluation process need to be considered and assessed effectively. Additionally, for example, an individual's *prior* dispositions toward a certain style over another style of supervision may be so strong that in fact they may adversely affect the very nature of the goals of the training course in clinical supervision.

What is offered in this brief discussion are limited evaluative characteristics based on some of the salient patterns that emerged in this study with the hope that a description of these inter-workings of the supervisory performance serve as a point of debarkation. This study is a case for

consideration of a phenomena which necessarily isn't true in other supervision settings. The intent is *not* to reduce the complexities of the supervisory act to a simple set of notions, for our minds rethink things all of the time. To make the claim that the types of successes experienced in this setting will necessarily hold up in other places would be false. To do so, would be to make a grand presumption of generalization. However, an obligation to share these results is warranted to make claims about this setting with the condition that they are speculative in nature (Stake, 1980).

Pre-Conference Phase

Atmosphere. The overwhelming majority of prospective supervisors in this study were able to create an open collegial atmosphere between supervisor and teacher. These supervisors were seen as developing a collegial atmosphere by using non-directive supervisory strategies and establishing an open channel of communication where a positive rapport was developed between the supervisor and client. This is essential for the facilitation of maximum teacher growth. Also, there is a delicate balance between supervisor-control and teacher-control in any preconference. For example, one supervisor "seemed slow in developing a collegial atmosphere [during the pre-conference] and did not dig enough to identify actual teacher performance concerns." Another supervisor "was satisfied with superficial responses and did not "dig" for her alternatives." If the supervisor appears to be disinterested, the teacher might question the supervisor's effectiveness and may attempt to guide the discussion away from concerns that need to be addressed toward concerns that the teacher feels will not jeopardize his instruction. There might even be instances where the teacher does not know what the supervisor expects and the conference degenerates to the point where the teacher rambles on without purpose.

Additionally, the overwhelming majority of supervisors in this study were able to create an atmosphere where the clients had opportunities to establish their personal professional growth. If, on the other hand, the supervisor is too prescriptive in his dealings with clients, the teacher may feel intimidated and be reluctant to divulge important concerns. Also, little teacher self-analysis takes place if the supervisor identifies the crucial issues for the teacher and tells

her/his what to do to remedy these concerns. One instance of this type of supervision occurred in this study which resulted in the following judgment "[The] supervisor provided too much praise and took on too much responsibility for analysis and generating future strategies."

Specification of Teacher Concerns. Many of the prospective supervisors in this study created opportunities for the teachers specify their concerns which in turn fostered self-analysis of the part of the teachers. By doing so, this provided the framework for future discussions in both the remainder of the pre-conferences as well as the subsequent post-conferences. The importance of clearly specifying these concerns and the manner in which this is accomplished can not be over emphasized. If they are absent in the pre-conference, subsequent discussions lack focus and the supervisor does not know what to look for during the observation phase of the supervisory cycle. However, it is not appropriate to solicit more than a few concerns during the pre-conference since it may cause the teacher to feel overwhelmed.

Post-Conference Phase

Supervisor Preparation. Although the most effective style of clinical supervision is nondirective in nature, this does not imply a lack of preparation on the part of the supervisor. In order to be effective, the supervisor must not only be flexible and willing to allow the teacher the freedom to set the course of the post-conference, but s/he must also be prepared to follow any number of these possible courses depending on where the teacher wishes to go with the discussion. This preparation must include the gathering of objective data as well as the organization of this data to present an impartial picture of what transpired during the lesson being considered. If this data is not available or not presented in a meaningful manner at the appropriate time, the only material left to "fuel" the post-conference discussion is opinion and speculation. As stated earlier, there is a need for clear direction (known to both the supervisor and teacher) throughout the supervisory process. If preparation was lacking in an earlier phase, subsequent stages will suffer because they are built on a weak foundation and lack the necessary focus. In this study, many of the prospective supervisors *clearly* demonstrated the ability to remain nondirective in nature an

yet were flexible and provided opportunities for clients to reconsider important phases of their teaching that may have overlooked during the post-conference.

Teacher Self-Analysis of Data. A common question asked by teachers during the post-conference is: "How did I do?". At this juncture, it is important for the supervisor to reserve comment and redirect the question back to the teacher in a psychoanalyst-like fashion: "How do you think you did?". If the supervisor were to give a positive or negative assessment at this time, the teacher would most likely disregard any objective data that followed and adopt the assessment of the supervisor as her/his own. This is antithetical to the entire process of self-analysis which the supervisor hopes to instill in the teacher; and hence will not develop the powers of unbiased introspection the teacher will need when s/he finds her/himself in the field without immediate access to the judgments of a supervisor. The supervisor should also resist the temptation to interpret the observational data s/he has gathered when presenting it to the teacher. This is the responsibility of the teacher. For true self-analysis to occur, the data must not only be objective but must be presented in a value-free manner as well. The data should speak for itself and any conclusions drawn by the teacher should be solely based on this data and not on how the teacher feels the supervisor has interpreted the data. *The prospective supervisors in this study were judged to have exhibited these abilities with regard to fostering teacher self-analysis.* The expert rater's judgements included remarks such as: "Supervisor allows self-analysis and has teacher define and explain observation. Successful in developing self-analysis by teacher. Great deal of teacher analysis took place during post-conference that was based on extensive review of objective data."

In sum, further research studies of this nature need to be conducted in other settings under various supervisory conditions to look at the logic of how clinical supervision is structured, how it fosters a positive relationship between supervisor and client and how it contributes to effective teaching practice.

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APPENDIX A

CONCEPTUAL FRAMEWORK FOR THE INFUSION OF CLINICAL-BASED PROFESSIONAL SUPERVISION FOR THE IMPROVEMENT OF TEACHING AND LEARNING PRACTICES

LEVEL	TYPE OF LESSON	KNOWLEDGE BASE	RATIONALE	COGNITION LEVEL	CONTENT PEDAGOGY	METHODS PEDAGOGY	TASK SIGNIFICANCE	SUPERVISORY MODE
I BASIC	FACTUAL TYPE INFORMATION	DESCRIPTIVE TYPE STATEMENTS	INTELLECTUAL PERSPECTIVE	KNOWLEDGE COMPREHENSION	(PARTIAL LISTING) •DEFINITIONS •DESCRIPTIONS •LISTENING •EXPLANATION •CHARACTERIZING •LEARNING GOALS •EXAMPLES AND NON-EXAMPLES THESE ARE BUILT INTO THE NEXT LEVEL	(PARTIAL LISTING) •ASSESSING PRIOR INTEREST AND KNOWLEDGE •LECTURE AND/OR RECITATION •QUESTIONING FOR KNOWLEDGE AND COMPREHENSION •DEMONSTRATION INTO DIRECTIONS	•UNAMBIGUOUS TYPE TASKS •NATURE OF THE RESPONSE IS USUALLY RIGHT OR WRONG TYPE ANSWERS	•MORE DIRECTION PROVIDED WITHIN THE FRAMES OF A LOW DIRECT/HIGH INDIRECT STYLE OF CLINICAL SUPERVISION MINDSCAPE
II INTERMEDIATE	CONCEPTUAL TYPE INFORMATION	PRESCRIPTIVE TYPE STATEMENTS	PERSONAL PERSPECTIVE	APPLICATION ANALYSIS	•ILLUSTRATING •DEMONSTRATING •CLASSIFYING •COMPARING AND CONTRASTING •EXEMPLIFYING •LEARNING OUTCOME •CONCEPTUALIZING THESE ARE BUILT INTO THE NEXT LEVEL	•TEACHING OF CONCEPTS •TEACHING OF RELATIONSHIPS •DEMONSTRATIONS INTO LEARNING ACTIVITIES •TEACHING OF PRINCIPLES •TEACHING OF LAWS	•LESS UNAMBIGUOUS TYPE TASKS •NATURE OF THE RESPONSE IS MORE FACTUAL BASED AND IS BECOMING MORE AMBIGUOUS IN THE TYPE OF GIVEN ANSWERS	•SOMEWHAT LESS DIRECTION PROVIDED AND MORE REFLECTION GIVEN WITHIN THE FRAMES OF A LOW DIRECT/ HIGH INDIRECT STYLE OF CLINICAL SUPERVISION MINDSCAPE
III ADVANCED	VALUE LADEN TYPE INFORMATION	NORMATIVE TYPE STATEMENTS	SOCIAL PERSPECTIVE	SYNTHESIS EVALUATIVE	•RELATIONSHIPS •VALUE OBJECTS •VALUE ANALYSIS •VALUE CONFLICT •EVALUATIONS •NECESSARY AND SUFFICIENT CONDITIONS •INQUIRY	•EXPLORATORY DISCUSSIONS •DIRECTED DISCUSSIONS •REFLECTIVE DISCUSSIONS •SYNTHESIS COMBINATION OF ALL OF THE ABOVE GROUPS	•VERY AMBIGUOUS TYPE TASKS •NATURE OF THE RESPONSE IS BASED ON THE CONTEXTUAL FACTORS AND VARIOUS POINTS OF VIEW GIVEN IN SUPPORT OF A VALUE OBJECT	•MORE REFLECTION AND MUCH LESS DIRECTION GIVEN WITHIN THE FRAMES OF A LOW DIRECT/HIGH INDIRECT STYLE OF CLINICAL SUPERVISION MINDSCAPE

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APPENDIX B

THE SUPERVISOR PERFORMANCE APPRAISAL SCALE (S-PAS)

Client:_____ Supervisor _____ Rater _____ Date _____

Directions: For each of the following 13 items, circle *only* **one** number of the 7 point continuum which, based on your knowledge of clinical practice, best represents the supervisory style observed during the videotaped phases of the conference cycle.

ITEMS 1 THROUGH 6 PERTAIN TO THE PRE-CONFERENCE COMPONENT OF THE SUPERVISION CYCLE

1.	How successful was the supervisor in creating an open collegial atmosphere in which the client could feel free to express his/her own thoughts and feelings without fear of censure?	1 2 3 4 5 6 7 not at all very
2.	How successful was the supervisor in assisting the client in clearly specifying his/her concern(s)?	1 2 3 4 5 6 7 not at all very
3.	How successful was the supervisor in assisting the client in translating his/her concern(s) into observable behavior(s)?	1 2 3 4 5 6 7 not at all very
4.	How successful was the supervisor in assisting the client with his/her efforts to devise/ select possible strategies that could be used in the upcoming presentation to help remedy the identified concern(s) of the client?	1 2 3 4 5 6 7 not at all very
5.	How successful was the supervisor in assisting the client define his/her goal(s) in conjunction with establishing a time-line for accomplishing these goal(s)?	1 2 3 4 5 6 7 not at all very
6.	To what extent was the supervisory style displayed in the pre-conference representative of a conceptual knowledge base for clinical supervision?	1 2 3 4 5 6 7 not at all very

ITEMS 7 THROUGH 12 PERTAIN TO THE POST-CONFERENCE COMPONENT OF THE SUPERVISION CYCLE

7.	How evident was it that the supervisor was fully prepared to conduct the post-conference?	1 2 3 4 5 6 7 not at all very
8.	How successful was the supervisor in presenting observational data in an objective manner?	1 2 3 4 5 6 7 not at all very
9.	How successful was the supervisor in fostering client self-analysis of the observational data?	1 2 3 4 5 6 7 not at all very

THE SUPERVISOR PERFORMANCE APPRAISAL SCALE (S-PAS) [continued]

10.	How successful was the supervisor in assisting the client to relate the conclusions from the post-conference to the client's concerns mentioned in the pre-conference?	1 2 3 4 5 6 7 not at all very
11.	To what extent was it evident that the level of concern exhibited by the supervisor promoted continued professional growth on the part of the client?	1 2 3 4 5 6 7 not at all very
12.	To what extent was the supervisory style displayed in the post-conference representative of a conceptual knowledge base for clinical supervision?	1 2 3 4 5 6 7 not at all very

ITEM 13 PERTAINS TO THE OVERALL CONDUCT OF THE SUPERVISION CYCLE

13.	To what extent was the supervisor's performance during the various phases of the supervision cycle, i.e., conduct of pre-conference, observation and analysis, and post-conference representative of a conceptual base clinical supervision model?	1 2 3 4 5 6 7 not at all very representative representative

CHARACTERIZE THE CONCEPTUAL UNDERPINNINGS THAT WERE EVIDENT THROUGHOUT THE ENTIRE CLINICAL SUPERVISION CYCLE	CHARACTERIZE THE STRUCTURAL UNDERPINNINGS THAT WERE EVIDENT THROUGHOUT THE ENTIRE CLINICAL SUPERVISION CYCLE

THE SUPERVISOR PERFORMANCE APPRAISAL SCALE (SPAS)

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